

Best Available Copy

Application or Docket Number

Effective December 29, 1999										naluciasi				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER TYPE OR SMALL E					
F	OR ·		NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE	
В	ASIC FEE					100				345.00	OR		500.00	
TO	OTAL CLAIMS		as minus 20=			* ` 5			X\$ 9=				000.00	
İN	DEPENDENT C	LAIMS	minus 3 =			. 5					OR	<u> </u>	90	
MULTIPLE DEPENDENT CLAIM PRESENT									X39=		OR	X78=	390	
* If the difference in column 1 is less than 1								!	+130=		OR	+260≈		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1170		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									014414		_	OTHER		
AMENDMENT A		CL	AIMS		Ī	olumn 2) HIGHEST	(Column 3)	<u>ر</u> ا	SMALL	ENTITY	OR	SMALL		
		AF	AINING TER DMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	
END END	Total	. 3	6	Minus	**	25	= 31		X\$ 9=		OR	X\$18=	558.0	
¥	Independent FIRST PRESE	T S	N OE MI	Minus	***	8	= 0		X39=		OR	X78=		
	THOTTHESE	INTATIO	N OF M	OLTIPLE DE	PEND	ENI CLAIM		. -	+130=		OR	+260=		
								AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
_			mn 1)	1001 70 . 2000		olumn 2)	(Column 3)					ADDII, FEE		
8 -		REMA	NNING TER		١	HIGHEST NUMBER EVIOUSLY	PRESENT		RATE	ADDI-] [ADDI-	
MENDMEN	**		DMENT			AID FOR	EXTRA	Ľ	TATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	<u>ر</u>		Minus	**	-	=	,	X\$ 9=		OR	X\$18=		
δ	Independent FIRST PRESE	*	N OF MI	Minus	***	ENT OLAIN	=		X39=		OR	X78=		
	THISTITLE		1 1											
								L	130= TOTAL		OR	+260=		
(Column 1) (Column 2) (Column 3)									DIT. FEE		OR ,	ADDIT. FEE		
۱		CLA REMA	IMS		Н	IGHEST	(Column 3)	_		1001				
MEN		AFT AMENE	ER		PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=	X	\$ 9=		OR	X\$18=		
7 F	Independent	*		Minus	***		=		39=		 	X78=		
	FIRST PRESE	NOTATION	OF MU	LIIPLE DEP	ENDE	NT CLAIM					OR		•	
* If	the entry in colum	nn 1 is les	s than the	entry in colur	nn 2. w	vrite "0" in col	umn 3.	L	30=		OR	+260=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
Т	he "Highest Numi	ber Previo	usly Paid	For" (Total or	Indepe	endent) is the	highest number f	found ir	n the appro	opriate box	in colu	mn 1.		